

FILED DEC 27 1950

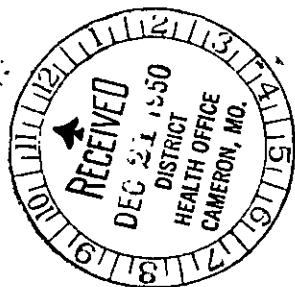
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41410

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		Registrar's No. 1064	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN Chillicothe		0592	
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 Webster				d. STREET ADDRESS (If rural, give location) 504 Webster			
3. NAME OF DECEASED (Type or Print) Constance		a. (First) b. (Middle) c. (Last) Fenimore Bollinger		4. DATE OF DEATH (Month) (Day) (Year) Dec. 7-1950			
5. SEX Fem. /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 14, 1873	
9. AGE (In years last birthday) 77		10. MONTHS 10		11. BIRTHPLACE (State or foreign country) Crossville Tenn!		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Homer Cottrell		13b. MOTHER'S MAIDEN NAME Elizabeth Reynolds		14. NAME OF HUSBAND OR WIFE Henry R. Bollinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. D. Hunt - Chillicothe Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis death almost instantaneous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Buerger's Disease 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 12/7/50 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 11 mos	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) (STATE) Chillicothe Livingston Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1949, to Dec 7, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 7:55 P.M., from the causes and on the date stated above.							
23a. SIGNATURE H. M. Russell, M.D., Coroner				23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 12/9/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-14-50		24c. NAME OF CEMETERY OR CREMATORY Seneca		24d. LOCATION (City, town, or county) (State) Seneca Kansas	
DATE REC'D BY LOCAL REG. 12/9/50		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ronald Gordon Chillicothe Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



MAY 23 1951

Handwritten signature
4/12
Handwritten signature
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Handwritten signature
working under my personal supervision

Student Embalmer No.

Signed *Handwritten signature: Ronald Jordan*

Licensed Embalmer No. *4121*

P. O. Address *Chillicothe, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.